

UNITED STATES DISTRICT COURT  
FOR THE DISTRICT OF ALASKA

KIMBERLY ALLEN, Personal  
Representative of the ESTATE  
OF TODD ALLEN, Individually,  
on Behalf of the ESTATE OF  
TODD ALLEN, and on Behalf of  
the Minor Child PRESLEY  
GRACE ALLEN,

Plaintiffs,

vs.

UNITED STATES OF AMERICA,

Defendant.

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Case No. A04-0131 (JKS) /

**VIDEOTAPED DEPOSITION OF PATRICIA A. AMBROSE**

Pages 1 - 93, inclusive

Tuesday, May 10, 2005, 9:03 a.m.

Anchorage, Alaska

**Alaska Stenotype Reporters**

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Patricia A. Ambrose

Deposition

May 10, 2005

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1     Q. So what's the -- we have been talking about 2 triaging patients. And what -- what is triaging? 3 What -- what is that? 4     A. See what they're there for and how bad they 5 are and where they need to go; they can be seen 6 quickly or if they can wait. 7     Q. Okay. And -- and every place that you've 8 worked, that is, Seward General, the prison, and the 9 Blackfoot Reservation, did they have triage policies 10 at all of those places? 11    A. Yes. 12    Q. Okay. And what -- but what's the goal of 13 triage? I mean, what's the purpose of it? 14    MR. GUARINO: Objection. Foundation. In 15 general, at any specific hospital, assuming they're 16 all the same at every -- every facility then? 17    MS. McCREADY: Well -- 18    MR. GUARINO: I mean, where -- what's the 19 context? You're asking her about the purpose at ANMC 20 or you're just asking her -- 21    MS. McCREADY: I'm asking about the purpose 22 in general. This person has been a triage -- doing 23 triage work since -- sounds like '92. And so -- 24    MR. GUARINO: But it's not clear to me it's 25 the same at all these different facilities but -- all	1     Q. Okay. And -- and you said it used to be 2 three levels. When -- when was that? 3     A. When I first started. 4     Q. Okay. Has it been five levels for the last 5 few years? 6     A. Yes. 7     Q. Has it -- was it this five-level triage 8 system in 2003? 9     A. I believe so. 10    Q. Okay. How is the -- how's the ER at ANMC 11 organized? I mean, does it -- I have taken some 12 depositions in this case, so I understand that there's 13 a UCC, urgent care center, and then there's an ER. 14    A. Yes. 15    Q. Is that how you understand it to be? 16    A. Yes. 17    Q. And was it like that in 2003? 18    A. Yes. 19    Q. Okay. What's the difference between the 20 UCC, that is, the urgent care center -- and then is 21 it -- is it -- is the other side of it called the ER 22 or the -- 23    A. Yes. 24    Q. And the ER. What's -- 25    A. The urgent care, they can see them quick and		
1 right. 2 BY MS. McCREADY: 3     Q. Is it -- is it different at all these 4 different places -- 5     A. No. It's a standard. 6     Q. -- the goal of triage? Okay. 7     A. It's a nationwide standard. 8     Q. Okay. And -- and what is -- what's the goal 9 of triage? Why is it important? 10    A. To see how fast they need to be seen. 11    Q. Okay. And why is that important? 12    A. To see -- I mean, it's like in a disaster: 13 To see which ones are saveable and which ones aren't. 14    Q. Okay. 15    A. That's why they have it in disasters. 16 That's where they started it. 17    Q. Okay. And when you say it's -- it's a 18 national standard, is there some -- what do you mean? 19    A. There's five levels. It used to be three, 20 and now there's five levels, to see where they can go. 21    Q. Okay. And what are those five levels? 22    A. The first one, they need to be seen now. 23 Second one, they need to be seen almost as soon. The 24 third one they can wait a little. The fourth they can 25 wait, and the fifth they can wait quite a while.	1 get them out. 2     Q. The urgent care, they can see them quick and 3 get them out? 4     A. Yes. 5     Q. Okay. All right. What are the other -- 6     A. Quicker than -- 7     Q. -- differences between the ER and the urgent 8 care? 9     A. The time, usually. 10    Q. What do you mean? 11    A. Because we have a large patient population 12 out there that come in every day, so they can see them 13 quicker than we can. 14    Q. And when you say "quicker than we can," 15 who -- who do you mean? 16    A. On the ER side. 17    Q. And when you say "we," do you generally work 18 on the ER side? 19    A. It's all I work. 20    Q. And why is that, that in -- in your 21 opinion, that the people -- the urgent care center is 22 for people to kind of get in and out? 23    A. That's why they planned it that way, so that 24 we could see a larger population. 25    Q. Okay. And who staffs the urgent care	Page 30	Page 32

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1 center?

2 A. Nurse practitioners, the LPNs and -- what  
3 are the others called?

4 Q. Are they PAs?

5 A. PAs.

6 Q. Okay. And then who staffs the ER?

7 A. Doctors and registered nurses.

8 Q. Okay. So what's the difference in terms of  
9 time? You know, you have patients that come in --  
10 A. Ours can sit there for hours.

11 Q. I'm sorry?

12 A. Our patients can sit there for hours.

13 Q. Okay. So would -- so then are the -- I'm  
14 just curious, because it sounds like, from the five  
15 levels -- and do you call those acuity levels?

16 A. Yes.

17 Q. Okay. So it seems like the people that  
18 would have to be seen now, according to your  
19 description, the UCC versus the ER, you would send  
20 them to the urgent care center?

21 A. No.

22 Q. No?

23 A. The ones that need to be seen now go to the  
24 doctor.

25 Q. Okay. I'm confused, because it sounds like

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1 the patients that go to the UCC are -- they're the  
2 people that you can get in and out. They can be --  
3 A. Sore throats.

4 Q. -- seen right away. But it -- but it sounds  
5 like those are people that can be seen right away.  
6 That was my understanding of your description of the  
7 UCC.

8 A. No. They can get in quick and get out  
9 quick, because they go through them faster than we  
10 can, because our patients wait for lab tests and  
11 x-rays and whatever else they need.

12 Q. Okay. So if you would describe to me then  
13 the kinds of patients that -- and do you -- are you  
14 the one that makes the decision about whether or not a  
15 patient goes to the UCC versus --

16 A. If I'm triaging, yes.

17 Q. And let me finish my question. Are you the  
18 one that decides whether or not a patient goes to the  
19 UCC versus the ER?

20 A. If I'm triaging, yes.

21 Q. Okay. And were you doing that in 2003?

22 A. Yes.

23 Q. All right. And so how then do you  
24 determine -- I'm just curious, and let's go back to  
25 2003 -- what kind of an analysis you would use to

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1 decide whether or not a patient's going to go to the  
2 UCC or the urgent -- the emergency room?

3 A. I look at them. If they look sick, they'll  
4 go to the other side.

5 Q. If they look sick, they'll go to the other  
6 side. And what's the other side?

7 A. The ER side. If they don't look that sick  
8 and they look like they can wait, they go to the UCC  
9 side.

10 Q. Okay. And how do you determine whether or  
11 not somebody looks sick?

12 A. Years of experience.

13 Q. Okay. Anything else?

14 A. Vital signs.

15 Q. Okay. What else?

16 A. Just their general appearance.

17 Q. Okay. Would their level of pain be  
18 something you would take into consideration in  
19 determining whether or not they're going to the ER, to  
20 the UCC?

21 A. If they look serious.

22 Q. "If they look serious." And what does that  
23 mean?

24 A. Because a lot of people come in with a sore  
25 throat, and say it's ten.

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1 Q. Okay. A lot of people come in with a sore  
2 throat, and they say it's a ten?

3 A. As they're giggling, yes.

4 Q. Okay. So how do you deter -- well, first  
5 of all, let me ask you: Is -- is the level of pain  
6 reported by a patient something that you take into  
7 consideration in determining whether or not you're  
8 going to send them to the UCC or the -- to the ER?

9 A. It depends on how they look.

10 Q. Okay. So do you feel like you can look at a  
11 patient and tell what kind of level of pain they have?

12 A. You can watch them walk in and see, yes.

13 Q. Okay. So are there instances where somebody  
14 comes in with a pain level of ten, and you decide that  
15 they have got a pain level of two or three?

16 A. Yes.

17 Q. Okay. And are they generally patients that  
18 you personally know? Are they -- are they just -- is  
19 that just based on you looking at them for the first  
20 time that -- at that time?

21 A. It's just a feel.

22 Q. Okay. So -- so the pain level reported by  
23 the patient sounds like that's not something that you  
24 necessarily, you know, take into consideration --

25 A. All I know, they will tell you they have a